Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

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Questions to answer in the prebriefing and reflection journal are based on Tanner's Clinical Judgment Model:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Details from the patient's chart can be located on Edvance360 in the Simulation Resources folder labeled Scenario # 1 or Scenario # 2. The prebriefing questions related to noticing and interpreting should be typed and submitted via Dropbox labeled with the simulation name (Sim #1 Prebrief, Sim #2 Prebrief) by **0800** the day of your simulation. The prebriefing assignment can be found in the Simulation Resources on Edvance360.

Report:

Review the patient's information in the chart provided on Edvance360 in the Simulation Resources. Utilize the handoff report sheet while reviewing the chart. Fill in the appropriate information from the chart in the corresponding sections of the handoff report sheet. This will be checked for completion immediately prior to starting each simulation scenario.

Formulate additional questions for the off-going nurse to clarify unclear information or missing details. These questions can be written on the back of your handoff report sheet.

Noticing:

- What is one thing you notice from the patient's history or report that will guide your initial nursing care (maybe it is specific labs, their diagnosis, or past medical history, etc.)? Explain.

One thing that I noticed from the patient's history that will guide my initial nursing care is peptic ulcer disease, diverticulitis, and GERD. This is significant when guiding care because their history of these gastrointestinal issues can increase the risk of GI bleeding. Establishing this patient history information is significant as it can help identify the cause and possible location of the bleeding site. Their medical history information could also dictate the type of treatment that they receive while in the hospital and post operative. As a nurse this history can tell us what medications could be appropriate for this patient along with providing the patient with proper education. We would also know to monitor specific vital signs closely for possible signs of complications, including GI bleeds and/or infection. The patient's HGB and HCT values are low which indicates loss of blood volume. This information is significant with a patient diagnosed

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with a GI bleed. It tells us that they are losing blood, and an estimate of severity based on values. As a nurse we will also know to continuously monitor these values for further decrease as it can affect how the patient presents to us. Monitoring these lab values consistently can prevent further complications by managing the patient's condition and responding appropriately.

- What expectations do you have about the patient prior to caring for them? Explain.

Prior to caring for the patient an expectation, I have for them is possible bloody emesis, pale and cool skin, lethargic, mild abdominal pain, SOB, weakness, and/or lightheadedness. I expect the patient to show these signs because of their diagnosis of a gastrointestinal bleed. Depending on the severity of the bleed I could also expect abnormal vital signs. This could include hypotension, tachycardia, and increased respiratory rate.

- What previous knowledge do you have that will guide your expectations? Explain.

Some previous knowledge that I have that will guide my expectations is the material provided from the gastrointestinal lectures. These lectures covered the topic of GERD, diverticulitis, and peptic ulcer disease. All of these are within the patient's history. The GI lecture also covered gastrointestinal bleeds including nursing management, diagnostics, surgical intervention, signs and symptoms, etc. This knowledge on these topics is significant to the patient's current situation. Being able to assess the patient and identify the appropriate signs and symptoms with specific complications and disease processes. This can impact on the care that the patient receives within the hospital setting. It is important to recognize a priority situation and respond appropriately. The lecture and book material provided to us gives us this essential knowledge.

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis.

- The patient's admitting diagnosis is a gastrointestinal bleed (GI bleed). A GI bleed is a bleed somewhere within the gastrointestinal tract. This can include the esophagus, stomach, small intestine, large intestine, rectum, and/or anus. A GI bleed can be classified as an upper or lower GI bleed, depending on the location of the bleed.

Laboratory data (give rationale for all abnormal lab results):

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
HGB: 9.5 (L)	HGB is a protein within red blood cells that carry oxygen. The patients low HGB could be a result of their gastrointestinal bleed. Losing blood volume can cause a decrease in the lab value HGB. This patient has been diagnosed with a GI bleed and has been experiencing vomiting and black tarry stools. These could be signs of gastrointestinal bleeding, meaning that there is blood loss within

	the body.
HCT: 30.2% (L)	HCT is the value that measures the total amount of blood volume that are RBC. The patients' low HCT could be a result of their gastrointestinal bleed. Losing blood within the body can cause this lab value to decrease and become low. The patient is experiencing additional symptoms to support GI bleeding and blood loss. These symptoms include black tarry stools and vomiting depending on the characteristics.
Na: 135 (L)	The patient is experiencing vomiting which can lead to significant fluid loss. Electrolytes are lost when vomiting occurs which can create low levels. Vomiting can also cause dehydration because of the fluid loss which can also lead to a decrease in sodium. Since the patient is nauseous and vomiting, this can lead to a decrease in oral intake and appetite. Which can lead to low sodium levels based off the decrease in oral intake. While the patient's sodium is not significantly low, if vomiting continues it could decrease even further.
K: 3.4 (L)	The patient is experiencing vomiting which can lead to significant fluid loss. The patient is also experiencing nausea which can lead to a decrease in appetite and oral intake. This can also decrease electrolyte values due to the lack of fluid and oral intake. While the patient's potassium level is not significantly low, if the patient continues to lose fluid through vomiting and are nauseous, it could lead to decreasing the electrolyte even further.
Glucose: 122 (H)	The patient has type 2 diabetes mellitus which can cause high glucose levels and is managed with insulin along with modifiable factors. The patient is experiencing bleeding and vomiting so the higher sugar level could be due to fluid imbalances and stress.
PT: 17 seconds (H)	The patient reports taking aspirin q6h for headaches the past 2 weeks. This medication can thin the blood which makes it harder to form clots. Not allowing the platelets to stick together and clot. This increases the patient's clotting time along with the risk of bleeding. Depending on the loss of blood could also prolong clotting factors.
PTT: 90 seconds (H)	The patient has been taking aspirin for headaches the past two weeks. Aspirin can prolong clotting time because it has blood thinning quality. This increases the risk of bleeding and significant volume loss.
INR: 2.2 (H)	The patient has a gastrointestinal bleed and has reported taking aspirin q6h every day for the past 2 weeks. Aspirin can thin the blood, increasing how long it would take for the patient's blood to clot. It causes the platelets to not be able to stick together and form clots. This increases further risk of significant bleeding and fluid loss.

Diagnostic testing (explain what diagnostic tests were done with results):

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Stool Specimen for occult blood	The order for the stool specimen is still standing, it has not been collected and sent yet.

Medications (provide a list of all medications (home and on eMAR) with classification, indication for use, and nursing interventions):

Medication (generic and trade name)	Classification (therapeutic and pharmacologic)	Indication for use (specific to this patient)	Nursing Interventions (Assessment, Education, Safety Measures) (List at least 3 per medication)
Omeprazole (Prilosec)	Therapeutic: antiulcer agent Pharmacologic: proton pump inhibitor	This medication is indicated for this patient because they have a history of peptic ulcer disease and GERD.	1.Monitor patients bowel function and patterns. Report abdominal pain or cramping, fever, bloody stool, or diarrhea. 2.Monitor the patients' CBC levels and address any levels that would indicate possible bleeding. 3.Educate the patient and family member is appropriate that the medication cannot be crushed and needs to be taken whole followed with water.
Metformin (Glucophage)	Therapeutic: antidiabetics Pharmacologic: biguanides	This medication is indicated for this patient because they have type 2 diabetes mellitus.	1.Monitor patients glucose values to determine effectiveness of the medication. 2.Ensure that this medication is given with meals because it can cause severe gastrointestinal upset. 3.Educate the patient on medication adherence. It should be taken at the same time each day.
Aspirin (Acuprin)	Therapeutic: antiplatelet agent,	This medication is indicated for this	1.Assess patient for signs of toxicity. These signs and

	antipyretic, non-opioid analgesics Pharmacologic: salicylates, nonsteroidal, anti-inflammatory drug nsaids	patient because of the mild to moderate pain they are experiencing from headaches.	symptoms include tinnitus, headache, confusion, lethargy, and hyperventilation. Report s/s to HCP. 2.Ensure that patient knows not to crush or chew the medication. Along with taking the medication with food to minimize GI irritation. 3.Educate the patient that this medication is an antiplatelet and prolongs clotting time. This increases the risk of bleeding. Because of this, promote not overusing this medication and possibly supplementing with acetaminophen.
Phenergan (Promethazine)	Therapeutic: antiemetics, antihistamines, sedative/hypnotics Pharmacologic: phenothiazines	This medication is indicated for this patient to prevent and treat their nausea and vomiting.	1.Monitor patient for dry mouth and implement proper oral hygiene. 2.If administering orally ensure to give with food to prevent gastrointestinal irritation. 3.Educate patients and family that this medication can cause drowsiness and to avoid activities requiring alertness.
Morphine (Duramorph)	Therapeutic: opioid analgesics Pharmacologic: opioid agonists	This medication is indicated for this patient to treat severe pain.	1.Assess patients' pain quality, type, location, duration, scale 0-10, and other factors that affect their pain. 2.Monitor patient for constipation. Opioid analgesics have an increased risk for constipation. Assess bowel elimination patterns. 3.Assess patients pain one hour after administering. Determine effectiveness of medication.

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